2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P97000060768 DOCUMENT #



**FILED** Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90204 029 \*\*\*150.00

Fath Name	Ex-12.4
. Entity Name CUSTOM CAR STORAGE, INC.	
	GOO WE

Principal Place of Business **96MARK R DOLAN** 112 EAST STREET. SUITE B **TAMPA FL 33602** 

Mailing Address 14445 US 19 N CLEARWATER FL 33764

174411 71 1 2 2 2 2 2 2		•	
2. Principal Place of Business		3. Mailing Address	s
Suite, Apt. #, etc.		Suite, Apt. #, et	C.
City & State		City & State	
Zip Coun	try	Zip	Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable



4. FEI Number E0.2460723		Applied For
4. FEI Number 59-3460723		Not Applicabl
5. Certificate of Status Desired	3	\$8.75 Additional Fee Required
7. Name and Address of New Regis	tered	Agent

DATE

DOUGLAS, JERRY L 6310 144TH AVE NORTH **CLEARWATER FL 33760** 

SIGNATURE

7. 1	Name and Address o	New Registered Ag	ent
Name			
Street Address (P.O. E	lox Number is Not Acc	ceptable)	
			Zio Codo
City		FL_	Zip Code

A TI	The above named entity submits this statement for the purpose of changing its registered	d office or registered agent, or both,	in the State of Florida.	I am familiar with,	and accept
8.	the obligations of registered agent.			•	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Be

	May 1, 2003 Fee will be \$550.00			Trust Fund Contribution.	L Added t	o Fees
Atter	May 1, 2003 Fee will be \$550.55					
Make Check	Payable to Florida Department of State			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	IN 11
10.	OFFICERS AND DIRECTO	RS	11.	ABBITTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTO	Change	Addition
	PD	□ Delete	TITLE		[] Outrigo	
TITLE	DOUGLAS, JERRY		NAME			
NAME	OLAG FACT STREET SHITE R		STREET ADDRESS			
STREET ADDRESS	%112 EAST STREET, SUITE B		CITY-ST-ZIP	•		
CITY-ST-ZIP	TAMPA FL 33602		4 ····		☐ Change	☐ Addition
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NAME	COOMBES, CHARLES JR		NAME			1
STREET ADDRESS	%112 EAST STREET, SUITE B		STREET ADDRESS			
	TAMPA FL 33602		CITY-ST-ZIP			
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STREET ADDRESS			STREET ADDRESS			
•			CITY-ST-ZIP			
CITY-ST-ZIP		- deep not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes.	I further certify that the i	nformation
12. I hereby	y certify that the information supplied with this filing	ng goes not quality for and accurate and that n	ny signature shall have t	he same legal effect as if made under	oath; that I am an officer	r Block 11 if

indicated on this report or supplied with this filling does not qualify for the exempliant state on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.